



**Toni Preckwinkle**  
**President**

Cook County Board of Commissioners

# COOK COUNTY

## Bureau of Economic Development

### Community Development Block Grant Program

### 2014 Program Year

### Application for Public Services / Planning

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Applicant Agency

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Applicant's Name and Title  
*(Chief Executive Officer, Executive Director)*

**Toni Preckwinkle, President**  
**Cook County Board of Commissioners**

Cook County Department of Planning and Development  
69 West Washington, Suite 2900  
Chicago, Illinois 60602

Michael A. Jasso, Director

February 2014



# 2014 Community Development Block Grant Program Application

## APPLICATION CHECKLIST

The following attachments are required and **must** be submitted as part of this application. Please place a check mark next to each item.

- ☐ All required sections of the application are complete.

### **Non-Profit Agency** (Form samples are attached.)

- ☐ Resolution and Certification of Resolution – (See Forms A-1 and A-2)
- ☐ Estimated Matching Funds Certification - Form B
- ☐ List of Board of Directors
- ☐ Copy of 501(c)3
- ☐ Current Certificate of Good Standing (dated within the last 45 days)
- ☐ Certified Copy of Articles of Incorporation and Certified Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State**. The certification must be dated **within 45 days** of the date of submission of the Application. This must be ordered every year.
- ☐ Most current Audited Financial Statements – Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration. Audited financials are preferred.

**Note: You will lose points for each of the above items that are missing from your submitted application package. For more about application scoring, please see the application guide.**

Please return completed applications to the following:

Cook County Department of Planning and Development  
Attn: Ms. Sonia Brown  
69 West Washington Street, Suite 2900  
Chicago, IL 60602

**The deadline for submitting all applications is: Tuesday, MARCH 18, 2014, 4:00PM  
(Applications received after this date and time will not be accepted.)**



# 2014 Community Development Block Grant Program Application

## APPLICANT INFORMATION SHEET

*Applicant Name:* \_\_\_\_\_

*Executive Director / Chief Executive Officer Name:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

*Project Manager Name & Title:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_

*Applicant Website Address:* \_\_\_\_\_

Total Amount Requested:     \$ \_\_\_\_\_

Total Matching Funds, if  
applicable:     \$ \_\_\_\_\_

Matching funds, though not required for CDBG, are encouraged and will be looked upon favorably during application review.

\*The signature below must be from the person authorized in the resolution supporting the application.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*



# 2014 Community Development Block Grant Program Application

## APPLICANT INFORMATION SHEET CONT'D

2014 PROGRAM YEAR - October 1, 2014 through September 30, 2015

*Please complete pages 1 through 17 for each project, as applicable.*

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ Illinois Zip Code: \_\_\_\_\_  
(include full ZIP + 4)

County Commissioner District #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Is this project consistent with Cook  
County's 2010-2014 Consolidated Plan? If  
no, **"STOP"**.

☐ Yes

☐ No

Does the requested CDBG funding replace  
other funding for the same service(s)? If  
yes, **"STOP"**.

☐ Yes

☐ No

Is your agency a faith-based entity?

☐ Yes

☐ No

**Activity Category:** (Check One)

\_\_\_\_ \*Planning Study

\_\_\_\_ Public Services

\*If Planning Study is selected, you may skip the national objective question on the next page.

***If you are interested in applying for an economic development activity, please use the Capital Improvement / Economic Development application.***



## 2014 Community Development Block Grant Program Application

### **National Objective: (Check One)**

CDBG requires that each activity funded, except for program administration and planning activities, must meet one of the CDBG national objectives. An activity that does not meet a national objective is not compliant with CDBG requirements and is therefore ineligible for funding. Applicants are strongly encouraged to consult the application guide for more detailed information.

#### ☐ **Benefit to low- and moderate income (LMI) persons**

1. **Area Benefit Activities** benefit all residents in a particular area, where at least **49.2%** of the people are low- and moderate-income. The service area of the project must be specifically identified and the area must be primarily residential (see page #17 of the application guide for details).
2. **Limited clientele activities** benefit low- and moderate-income persons without regard to the area being served. At least **51%** of the persons participating in the activity must be low- and moderate-income and the activity must meet one of the following criteria (see the application guide for details):
  - Presumption of low- and moderate-income: the activity serves persons who are presumed to be low- and moderate-income: abused children; battered spouses; elderly persons; severely-disabled adults; homeless persons; illiterate adults; persons living with AIDS and migrant workers; or
  - Income Guidelines: the activity must have eligibility requirements which limit the activity exclusively to low- and moderate-income persons, or income must be documented.
3. **Housing activities** that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by at least 51% low- and moderate-income households.
4. **Job creation or retention activities** designed to create or retain permanent jobs, at least 51% of which (computed on a full-time equivalent basis) will be made available to or held by low- and moderate-income persons.

#### ☐ **Aid in the prevention or elimination of slums or blight**

Prevent or eliminate slum and blight on an area basis, or eliminate specific conditions of blight or physical decay on a spot basis that are not located in a slum or blighted area.

Does this project meet a National Objective and/or other eligibility requirements, as noted in HUD's 24 CFR Part 570.201 regulations? (Please refer to the 2014 CDBG Application Guide for details.) If no, **"STOP"**.

☐ Yes

☐ No



# 2014 Community Development Block Grant Program Application

DUNS Number (*Required For Funding*): \_\_\_\_\_

FEIN Number: \_\_\_\_\_ CFDA Number: **14.218**

## PROJECT NEED AND JUSTIFICATION

For the questions below, please attach additional pages if needed when providing your answers.

**Describe the designated Service Area and beneficiaries (must serve suburban Cook County):**

*(Specify municipalities or ZIP codes served, if possible.)*

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Exact Location/Project Address: \_\_\_\_\_

**Summary of Project:** \_\_\_\_\_

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**Specific Anticipated Accomplishments and Outcome(s) to Be Achieved:** (Describe the beneficiaries to be served by the CDBG funding or CDBG-funded positions.)

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# 2014 Community Development Block Grant Program Application

## *Specific Outcome Indicators*

### **Anticipated Number of Persons to be Assisted**

*(Please provide a projection for the number of persons to be served)*

With NEW access to service or benefit

\_\_\_\_\_

With IMPROVED access to service or benefit

\_\_\_\_\_

Please describe how your agency's proposed project plan is part of a broader organizational strategic plan or vision. (In addition to your narrative response below, you may provide a copy of or a link to relevant plans, pages, etc.)

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## **CAPACITY AND SKILLS TO EXECUTE THE PROJECT**

### **PREVIOUSLY FUNDED APPLICANTS:**

Does your agency have any CDBG project balances?

☐ Yes   ☐ No

If so, please explain why the project(s) currently have balances and the planned steps to expend remaining funds. Please specify expected deadlines for expending the remaining funds.

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## 2014 Community Development Block Grant Program Application

Does your agency have any outstanding  
CDBG performance reports?

☐ Yes   ☐ No

If so, please identify the project(s) via project number(s) and explain why the project(s) currently have outstanding performance reports. Cook County maintains reporting records and will be verifying this information. Outstanding performance reports can be submitted with the application, or preferably prior to submission of the application.

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### **PREVIOUSLY FUNDED APPLICANTS:**

Under your most recent CDBG project, did you meet your projections for the anticipated number of persons to be assisted? If not, please explain any variance between your projection and actual performance.

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### **NEW AND PREVIOUSLY FUNDED APPLICANTS:**

Has your agency previously initiated similar projects (whether  
with CDBG or other funding)?

☐ Yes   ☐ No

If so, please describe the public service project(s) previously completed and the outcome(s).

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# 2014 Community Development Block Grant Program Application

## LEVERAGING OTHER FUNDING

Please describe how your agency will leverage other funds, public or private, over the long-term to support similar projects and reduce reliance upon Cook County CDBG funding.

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## COLLABORATION AND INNOVATION

### Interjurisdictional Regional Collaboration

Does your agency's proposed project offer or support a plan for regional collaboration?

☐ Yes ☐ No

Please describe how your agency's efforts are related to inter jurisdictional regional collaboration.

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### Innovative/Creative Nature of Proposal

Does your agency's proposed project include innovative aspects?

☐ Yes ☐ No

If yes, please describe the creative elements of your proposal?

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# 2014 Community Development Block Grant Program Application

## PROJECT ELIGIBILITY

Please see the Application Guide for more information on eligibility.

### A. AREA BENEFIT: *(if applicable)*

Total Number of low and moderate-income persons served in area:

Census Tract	Block Group	% Low/Mod Income

*(Please see the 2014 CDBG Application Guide for appropriate website links.)*

### B. LIMITED CLIENTELE BENEFIT: *(if applicable)*

1. Presumed Benefit	2. Low- and Moderate-Income Persons* Served
Qualifying group _____	Moderate-income (61-80% of AMI) _____
Number of persons served _____	Low-income (51-60% of AMI) _____
	- OR - Very Low (31-50% of AMI) _____
	Extremely Low (<30% of AMI) _____
	Total Served (add above lines) _____
	Number of Female-Headed Households _____

\*How will income be verified? Check below:

- ☐ Income Verification Request Forms *(Attach a sample of the form you will use.)*
- ☐ Eligibility Status for other Governmental Assistance program
- ☐ Self Certification *(You must request source documentation for 20% of certifications and must inform the beneficiary that all sources of income and assets must be included when calculating annual income)*



## 2014 Community Development Block Grant Program Application

### PROJECT COMPLETION SCHEDULE

*Please provide a detailed timeline outlining specific plans for completing this project within the program year (10/1/14 – 9/30/15), including but not limited to social service activities, program outreach, case management, housing counseling, the scope of a planning study, and your completion schedule.*

October 2014
November
December
January 2015
February
March
April
May
June
July
August 2015
September (Project Completion, if not earlier)



## 2014 Community Development Block Grant Program Application

### PROPOSED PROJECT BUDGET (Clarity and Reasonableness of Proposed Costs)

#### STAFF SALARIES (5 Person Limit)

Position	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by B) Salary allocated for project	Salary CDBG Portion	Project Match (In-Kind)
<b>TOTAL SALARIES</b>					

*Please note: Fringe benefits are no longer applicable.*

In Column B, to enter the percentage, use a decimal before the desired number. Example, .10 to derive at 10%.

# 2014 Community Development Block Grant Program Application

### PROPOSED PROJECT BUDGET (CONT'D)

## LINE ITEM BUDGET

<i><b>Project Activity</b></i>	<b>CDBG Funds</b>	<b>Matching Funds</b>	<b>TOTAL</b>
Public Services ' ššŒŸ			
Plans and Studies			
<b>Total Project Activity</b>			

<b><i>Project Delivery</i></b>	<b>CDBG Funds</b>	<b>Matching Funds</b>	<b>TOTAL</b>
Office Rent and Utilities			
Postage			
Printing			
Publication/Notices			
Project Travel @ \$0.565 per mile			
Other:			
<b>Total Project Delivery</b>			
<b>Grand Total</b> (Project Activity + Project Delivery)			



# 2014 Community Development Block Grant Program Application

## APPLICATION RESOLUTION AND CERTIFICATION

### **Instructions**

A sample of the authorizing resolution is included in this application. The person signing the application must be the same person authorized by the resolution.

The resolution must be adopted by your governing body and a **certified** copy submitted with the application. A sample form for certification by non-municipal agencies is included.

An agency seal should be included on both the resolution and the certification. If an agency does not have a seal, please indicate that on the forms.



# 2014 Community Development Block Grant Program Application

## FORM A-1: SAMPLE RESOLUTION Not-for-Profit Organization/Non-Municipal Agency

NOW, THEREFORE BE IT RESOLVED by the Board of Directors of (insert agency name) as follows:

Section 1. That a Request is hereby made to the County of Cook, Illinois for Community Development Block Grant ("CDBG") funds for Program Year 2014 in the amount of \$\_\_\_\_\_ for the following project(s):

Project: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

as identified in agency's CDBG 2014 Program Year application.

Section 2. That the (insert position title of person signing the application) is hereby authorized to sign the application and various forms contained therein, make all required submissions and do all things necessary to complete the application for the funds requested in Section 1 of this Resolution, a copy of which application is on file with the Secretary.

### -- Optional --

Section 3. That the (insert position title of person signing the matching funds certification) is hereby authorized to certify that matching funds which have been identified as supporting its projects as set out within its application will be made available upon the approval of the projects by the County of Cook, Illinois or the prorated share thereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2014

By: \_\_\_\_\_  
Print Name – Chairman/President                      Signature - Chairman/President

Attest: \_\_\_\_\_  
Print Name – Board Secretary                      Signature – Board Secretary

{SEAL}



## 2014 Community Development Block Grant Program Application

### FORM A-2: SAMPLE CERTIFICATION Not-for-Profit Organization/Non-Municipal Agency

The undersigned Duly Qualified and Acting Secretary of the Board of Directors of (insert agency name) hereby certifies that the attached Resolution authorizing execution of the Application for the County of Cook, Illinois' 2014 Community Development Block Grant ("CDBG") Program Year is a true and correct copy of said Resolution as passed by the Board of Directors of (insert agency name) on (insert Board meeting date) which Resolution is still in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2014

Attest: \_\_\_\_\_  
Print Name – Board Secretary                      Signature – Board Secretary

{SEAL}





## 2014 Community Development Block Grant Program Application

### FORM B: ESTIMATED MATCHING FUNDS CERTIFICATION

Matching funds are defined as any local, county, state, federal (other than CDBG) or private funds used in conjunction with CDBG funds to implement or construct a proposed project. This form must be filled out to document matching funds entered on the project budget (page 12).

In the event that the proposed project is funded at a lesser amount than requested, the matching funds will be reduced in the same proportion. For example, if you request \$100,000 with a \$30,000 (30%) match, and actually receive \$50,000 in block grant funds, your required match will be \$15,000 (30% x \$50,000).

***Subrecipients are urged to use matching funds whenever possible***

1. Project Type

\_\_\_\_\_

2. Amount of Matching Funds to Assist Project

\_\_\_\_\_

3. Source(s) of Matching Funds to Assist Project

\_\_\_\_\_

4. Timetable of Availability of Matching Funds

\_\_\_\_\_

5. Designated Use of Matching Funds

\_\_\_\_\_

The authorized official of the applicant must certify the availability of the above matching funds by signing in the designated area below. The agency's seal is also required, if available. If there is no seal, please note that below.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2014

By: \_\_\_\_\_  
Print Name – Chairman/President                      Signature - Chairman/President

Attest: \_\_\_\_\_  
Print Name – Board Secretary                      Signature – Board Secretary

**{SEAL}**



# 2014 Community Development Block Grant Program Application

AUDITED FINANCIAL STATEMENTS  
(Attach most current.)